

Health Management Organization (HMO) Premium Chart

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Total Biweekly Premium	2010 Biweekly premium rates 2009				2009 Total Monthly Premium	2010 Monthly premium rates				
Plan	-Option -Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in Empl. Payment		Total Premium	Gov't Pays	Empl. Pays	Change in Empl. Payment	
California Aetna HealthFund												
CDHP Self	221	\$161.92	\$194.30	\$145.73	\$48.57	\$8.09	\$350.83	\$420.98	\$315.74	\$105.24	\$17.53	
CDHP Family	222	\$372.41	\$463.67	\$347.75	\$115.92	\$22.82	\$806.89	\$1,004.62	\$753.47	\$251.15	\$49.43	
HDHP Self	224	\$123.71	\$138.01	\$103.51	\$34.50	\$3.57	\$268.04	\$299.02	\$224.27	\$74.75	\$7.74	
HDHP Family	225	\$270.93	\$302.24	\$226.68	\$75.56	\$7.83	\$587.02	\$654.85	\$491.14	\$163.71	\$16.96	
California Aetna Open Access - Southern California												
High Self	2X1	\$156.18	\$186.90	\$140.18	\$46.72	\$7.68	\$338.39	\$404.95	\$303.71	\$101.24	\$16.64	
High Family	2X2	\$384.75	\$460.42	\$345.32	\$115.10	\$18.91	\$833.63	\$997.58	\$748.19	\$249.39	\$40.98	
California Anthem Blue Cross - HMO												
High Self	M51	\$240.26	\$240.26	\$167.61	\$72.65	-\$11.95	\$520.56	\$520.56	\$363.16	\$157.40	-\$25.90	
High Family	M52	\$599.55	\$599.55	\$376.04	\$223.51	-\$23.48	\$1,299.03	\$1,299.03	\$814.75	\$484.28	-\$50.87	
California Blue Shield of CA Access+HMO - Southern California												
High Self	SI1	\$204.44	\$215.79	\$161.84	\$53.95	\$2.84	\$442.95	\$467.55	\$350.66	\$116.89	\$6.15	
High Family	SI2	\$472.26	\$498.47	\$373.85	\$124.62	\$4.92	\$1,023.23	\$1,080.02	\$810.02	\$270.00	\$10.65	
California Health Net of California - Northern California												
High Self	LB1	\$274.78	\$305.60	\$167.61	\$137.99	\$18.87	\$595.36	\$662.13	\$363.16	\$298.97	\$40.87	
High Family	LB2	\$635.29	\$706.59	\$376.04	\$330.55	\$47.82	\$1,376.46	\$1,530.95	\$814.75	\$716.20	\$103.62	
Standard Self	LB4	\$261.91	\$290.96	\$167.61	\$123.35	\$17.10	\$567.47	\$630.41	\$363.16	\$267.25	\$37.04	
Standard Family	LB5	\$605.58	\$672.71	\$376.04	\$296.67	\$43.65	\$1,312.09	\$1,457.54	\$814.75	\$642.79	\$94.58	
California Health Net of California - Southern California												
High Self	LP1	\$210.72	\$212.62	\$159.47	\$53.15	-\$1.91	\$456.56	\$460.68	\$345.51	\$115.17	-\$4.13	
High Family	LP2	\$487.23	\$491.58	\$368.69	\$122.89	-\$11.78	\$1,055.67	\$1,065.09	\$798.82	\$266.27	-\$25.52	
Standard Self	LP4	\$199.85	\$202.29	\$151.72	\$50.57	\$0.61	\$433.01	\$438.30	\$328.73	\$109.57	\$1.32	
Standard Family	LP5	\$462.05	\$467.69	\$350.77	\$116.92	\$1.41	\$1,001.11	\$1,013.33	\$760.00	\$253.33	\$3.05	

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			Total Premium	Gov't Pays	Empl. Pays	Change in Empl. Payment		Total Premium	Gov't Pays	Empl. Pays	Change in Empl. Payment

California Kaiser Foundation Health Plan of California - Northern California

High Self	591	\$243.50	\$264.13	\$167.61	\$96.52	\$8.68	\$527.58	\$572.28	\$363.16	\$209.12	\$18.80
High Family	592	\$581.27	\$630.50	\$376.04	\$254.46	\$25.75	\$1,259.42	\$1,366.08	\$814.75	\$551.33	\$55.79
Standard Self	594	\$183.58	\$213.93	\$160.45	\$53.48	\$7.59	\$397.76	\$463.52	\$347.64	\$115.88	\$16.44
Standard Family	595	\$438.21	\$510.67	\$376.04	\$134.63	\$25.08	\$949.46	\$1,106.45	\$814.75	\$291.70	\$54.34

California Kaiser Foundation Health Plan of California - Southern California

High Self	621	\$204.59	\$211.38	\$158.54	\$52.84	\$1.69	\$443.28	\$457.99	\$343.49	\$114.50	\$3.68
High Family	622	\$472.86	\$488.54	\$366.41	\$122.13	\$1.83	\$1,024.53	\$1,058.50	\$793.88	\$264.62	\$3.97
Standard Self	624	\$129.30	\$135.29	\$101.47	\$33.82	\$1.50	\$280.15	\$293.13	\$219.85	\$73.28	\$3.24
Standard Family	625	\$298.84	\$312.70	\$234.53	\$78.17	\$3.46	\$647.49	\$677.52	\$508.14	\$169.38	\$7.51

California PacifiCare of California - Southern California

High Self	CY1	\$202.84	\$207.78	\$155.84	\$51.94	\$1.23	\$439.49	\$450.19	\$337.64	\$112.55	\$2.68
High Family	CY2	\$463.10	\$474.34	\$355.76	\$118.58	\$2.81	\$1,003.38	\$1,027.74	\$770.81	\$256.93	\$6.09

California UnitedHealthcare Insurance Company, Inc.

HDHP Self	E91	\$140.91	\$151.17	\$113.38	\$37.79	\$2.56	\$305.31	\$327.54	\$245.66	\$81.88	\$5.55
HDHP Family	E92	\$314.80	\$337.72	\$253.29	\$84.43	\$5.73	\$682.07	\$731.73	\$548.80	\$182.93	\$12.41
CDHP Self	E94	\$164.79	\$180.60	\$135.45	\$45.15	\$3.95	\$357.05	\$391.30	\$293.48	\$97.82	\$8.56
CDHP Family	E95	\$364.78	\$399.78	\$299.84	\$99.94	\$8.75	\$790.36	\$866.19	\$649.64	\$216.55	\$18.96